## SSISTANT COMMISSIONER FOR PATENTS

Washington, DC 20231

ransmitted herewith for filing is the patent application of

Inventor(s): Robert Allan Whitton

For: CONTEXT PRESERVATION

**PATENT** File No.: 0808.65530 February 11, 2002

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washingotn, D.C. 20231, on this date.

2/11/2002 Date

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## Enclosed are:

(X) (X) (X) (X)

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pages of specification, including 30 claims and an abstract. an executed oath or declaration, with power of attorney.

10 sheet(s) of formal drawings(s).

Assignment(s) of the invention to SIROYAN LIMITED and Assignment Recordation Form. A check in the amount of \$40.00 to cover the fee for recording the assignment(s) is enclosed. Information Disclosure Statement; Form PTO-1449 and cited references.

Claim for Priority and Priority Document



## Fee Calculation For Claims As Filed

a)	Basic Fee						\$ <u>740.00</u>
b)	Independent Claims	_3_	- 3 =	_0_ x	\$ 84.00	=	\$
c)	Total Claims	_30_	- 20 =	_10x	\$ 18.00	=	\$180.00
d)	Fee for Multiple Claims			•	\$280.00	=	\$
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Total Filing Fee \$920.00

- Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$460.00. (X)
- A check in the amount of \$\(\frac{460.00}{\}\) to cover the filing fee is enclosed. (X)

## **Preliminary Amendment**

- Please insert the following between the title and line 1 of the specification: -- This application **(X)** claims the benefit of U.S. Provisional Application Serial No. 60/291,512, filed May 16, 2001, under 35 U.S.C. § 119(e).--
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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